

## NHS GRAMPIAN

### Minute of Meeting of the Engagement and Participation Committee

**10.00am Wednesday 21 August 2019**

**Conference Room, Summerfield House, Eday Road, Aberdeen.**

#### **PRESENT:**

Amy Anderson, Chair, Non-Executive Board Member  
 Louise Ballantyne, Patient Services Manager  
 Cllr Isobel Davidson, Non-Executive Board Member  
 Nigel Firth, Equality and Diversity Manager  
 Caroline Hiscox, Acting Director of Nursing, Midwifery and Allied Health Professionals  
 Liz Howarth, Public Involvement Officer  
 Dr Linda Leighton-Beck, Head of Social Inclusion, on behalf of Susan Webb  
 Linda Lever, Feedback Service Lead  
 Jonathan Passmore, Non-Executive Board Member  
 John Tomlinson, Non-Executive Board Member

#### **ATTENDING:**

Graeme Smith, Deputy Chief Executive  
 Kate Danskin, Chief Nurse  
 Kirsten Dickson, Quality Improvement & Assurance Facilitator  
 Anna Rist, Public Involvement Officer  
 Dr Zoë Skea, Research Fellow/Lecturer, University of Aberdeen  
 Angela McKinnon, Family Nurse Partnership lead & CYP Act Project Manager  
 Marilyn Elmslie, Communications Officer, Clerk to the Committee

No.		Action
<b>1.</b>	<p><b>Welcome and apologies</b>            The Chair welcomed everyone to the meeting and introductions were made around the table.</p> <p>Apologies were intimated on behalf of Paul Allen, Emma Berry, Professor Amanda Croft, Kim Cruttenden, Professor Nick Fluck, Fiona Francey, Jenny Gow, Rachael Little, Professor Louise Locock, Professor Lynda Lynch, Dave Russell and Susan Webb.</p>	
<b>2.</b>	<p><b>Minute of the meeting held on 15 May 2019</b>            The minute was approved as a correct record of the discussions.</p>	
<b>3.</b>	<p><b>Matters arising</b></p>	
	<p style="text-align: center;"><b>3.1</b></p> <p><b>Improving Governance of Equity Context for disadvantaged groups</b>            Linda Leighton-Beck talked through a Powerpoint presentation which highlighted the importance of how the Engagement and Participation Committee (EPC) can build on its initial steps to assure our engagement</p>	

	<p>and participation activities reaches those who face health inequalities.</p> <p>She encouraged the committee members to consider whether, in their governance role, evidence was assured that lived experience of people who are in/have been in socioeconomic disadvantage is embedded and if not, what can the EPC do to improve this aspect.</p> <p>Discussions were held on what the position of the EPC was in the decisions made and whether there was an opportunity to structure a process to capture the information and feedback to other Committees.</p> <p>Louise Ballantyne noted that the presentation was insightful and that the tools included were very useful and would be taken forward within the Public Involvement team for all the projects they are involved in.</p> <p>It was agreed that the EPC would benefit by arranging a separate workshop to take this work forward.</p>	LLB/AA
3.2	<p><b>Systematic Patient Experience Group</b> Following discussions in November 2018 the EPC sought to gain an understanding of all the opportunities people who engage with our care and services have to give feedback.</p> <p>A short life working group comprising of staff from NHS Grampian and the University of Aberdeen, with expertise in patient experience, was set up to share information and understanding of existing processes, identify gaps and discuss opportunities for improvement.</p> <p>Kirsten Dickson talked through the report provided, highlighting the complexity of gathering feedback and the multiple reasons for collecting the data. Included in the report was a detailed matrix to illustrate the many staff groups involved with collecting data or facilitating the patient experience. It is important to highlight that complexity in the range of methods is inevitable if NHS Grampian is to have a full picture of the patient experience.</p> <p>Jonathon Passmore commented that the report was complex and impressive and it was not the responsibility of the EPC to be assured in every</p>	

		<p>section. The challenge is ensuring that health inequalities are addressed and the committee can be assured that people who do not have the skills or opportunity to provide feedback are included.</p> <p>Caroline Hiscox acknowledged that it is challenging to receive feedback from people who are socioeconomically disadvantaged and would welcome the opportunity to discuss this further within the workshop discussed under item 3.1.</p> <p>The Committee agreed that patient experience would also be included in the discussions at the workshop.</p>	
	<p><b>8.1</b></p>	<p><b>Handling and Learning from Feedback - Feedback Annual Report 2018-2019</b></p> <p>The item was taken early in order for the information be included as it was deemed relevant to the items discussed under 3.1 and 3.2.</p> <p>Kate Danskin began by thanking the committee and attendees for the useful discussions on Health Inequalities and Patient Experience which impact on Handling and Learning from Feedback.</p> <p>She continued by noting that as the service recently moved to the Nursing, Midwifery and Allied Health Professionals Directorate the report was completed using the same format as used in previous years. The Feedback Service are progressing to improve their service and have compiled a work plan which includes a review of the annual report. The new style report will be related to the key performance indicators and what learning has occurred and the changes services have implemented following feedback.</p> <p>Caroline Hiscox noted that the vast amount of care interactions are positive as only 0.06% of patient care are complaints but that these need to be highlighted for governance of care. This information is provided to the Clinical Governance Committee and she noted that it would be useful to agree the information that is required for the EPC and to ensure that the reports are appropriate for each committee and are not duplicated.</p> <p>It was agreed that this would be helpful to be included in the workshop and that an invitation to the Chair of the Clinical Governance Committee to attend be</p>	

		arranged.	
	<b>3.1, 3.2 and 8.1</b>	The Committee heard items 3.1 and 3.2 with a view to bringing the issues raised in them together for a discussion around how patient experience can be inclusive of equity issues.	<b>LLB/CH/AA</b>
<b>4.</b>	<b>Project updates – involvement and engagement activity</b>		
	<b>4.1</b>	<p><b>Participation of Children and Young People Group</b>  Angela McKinnon provided a brief update on the legal responsibilities and policy framework which NHS Grampian are committed to providing. Children and Young People must be involved in producing a report in 2020 on the steps taken to secure better or further effect on the UNCRC requirements. A Children and Young People’s Public Involvement Group was established in 2015 to develop an engagement and communication action plan and also identify and report on the involvement of children and young people.</p> <p>Ongoing work includes sharing a template widely across sectors to gather current good practice and identify gaps. It is important that meaningful engagement with children and young people has taken place when new services are being planned or service re-designed. Most of the current activity is done within the Health and Social Care Partnerships and the challenge is to ensure that information is gathered accurately along with that of the Acute sector and Royal Aberdeen Children’s Hospital.</p> <p>Johnathan Passmore commented that as the Board’s Child Health Champion he was focussed on the children’s agenda and that as a Board we must clearly demonstrate we are listening to all children.</p> <p>Louise Ballantyne provided examples of previous involvement including the CAMHS redesign. She also highlighted that visual content rather than reading material is more appropriate and encourages children to participate.</p> <p>Angela thanked the committee for allowing her to present the item and for their interest in taking forward the work.</p>	
	<b>4.2</b>	<b>Dr Gray’s Hospital Paediatric Consultation update</b> Louise Ballantyne provided a brief update on the	

	<p>consultation. Throughout August and September there are drop in sessions for members of the public booked in 6 different Moray towns which are being heavily promoted.</p> <p>A mid point review of the consultation requested by the Scottish Health Council is being collated and forwarded.</p> <p>86% of the returned questionnaires support the proposal.</p> <p>A further update will be provided at the next EPC meeting in December.</p>	<b>LB</b>
<b>4.3</b>	<p><b>Rebecca Rainbow Heart Project and Child Development Team update</b></p> <p>Not taken. Update will be provided at next meeting under Matters arising.</p>	<b>EB</b>
<b>4.4</b>	<p><b>Royal Aberdeen Children's Hospital Playground</b></p> <p>Anna Rist noted that the Archie Foundation have committed to funding the improvement of the current playground at the hospital. In June the Public Involvement team conducted some inpatient and staff surveys asking for the views on the proposed plans. She noted that it was a great example of liaising with children who provided many suggestions and additional items which may be included in the finalised plan.</p>	
<b>6</b>	<p><b>University study on NHS Grampian staff response to Care Opinion posts</b></p> <p>Dr Zoë Skea talked through a presentation on the findings of the study on the understanding of how NHS staff respond to and use Care Opinion feedback.</p> <p>A range of active responder staff was interviewed about comments received (positive and negative); how they felt about responding; and the challenges of moving from response to improvement.</p> <p>Care Opinion was regarded as a more accessible and less formal means of patient feedback and positive stories were viewed as powerful tools through which to boost staff morale and to reinforce good examples of care and learning.</p> <p>A Scotland-wide study building on the findings will commence later in 2019.</p>	

	<p>Caroline Hiscox commented that the majority of responders work within the Nursing Directorate and that it would be helpful if Clinicians also responded.</p> <p>The Committee members agreed that further responders outwith nursing should be encouraged to train to respond to posts.</p> <p>The Chair thanked Zoë for her helpful presentation which provided a good insight into the challenges staff have in responding to posts on Care Opinion and also provided an insight into one of the patient experience gathering mechanisms discussed in item 3.2.</p>	
<b>7</b>	<b>Equality and Diversity</b>	
<b>7.1</b>	<p><b>Equality and Diversity update report</b> Nigel Firth talked through several of the items within the report:</p> <p><b>Equality and Diversity Training Seminars</b> Eleven Equality and Diversity Training Seminars have been provided since the May EPC meeting.</p> <p><b>Grampian Pride</b> Over 40 NHS Grampian staff participated in the Grampian Pride parade on 25 May. The response to the participation has been warmly welcomed and a small sub group are already planning new initiatives which includes rainbow benches on the Foresterhill site, rainbow steps and rainbow lanyards.</p> <p><b>Impact Assessments</b> Twelve Equality and Diversity Impact Assessments have been completed since the last meeting of which three required substantial work to be compliant with legislation.</p>	
<b>7.2</b>	<p><b>Equality and Diversity Service Level Agreements July 2019</b> The SLA between NHS Grampian with NHS Orkney has been in place since 2011 and the arrangement with NHS Shetland commenced on 1<sup>st</sup> April 2019.</p> <p>All equality and diversity issues are addressed for both Boards.</p>	
<b>7.3</b>	<p><b>Religions and Cultures 4<sup>th</sup> edition</b> The latest edition of the booklet had been circulated with the papers. It was acknowledged as being a helpful and resourceful tool.</p>	

		Nigel confirmed that copies had been sent to each school in Aberdeen City but had not been requested by the schools in Aberdeenshire or Moray.	
<b>8.</b>	<b>Handling and Learning from Feedback</b> Taken under item 3 Matters arising		
<b>9.</b>	<p><b>Report to NHS Board</b> The Chair confirmed that a new template report on a selection of the subjects discussed at the meeting will be provided to the NHS Grampian Board. This was to highlight risks and opportunities.</p> <p>It was agreed that the report would include:</p> <p>Fairer Scotland Duty legislation Involving Young People Duty of public involvement for all Health Boards - CEL4 (2010) Systematic Patient Experience Equity workshop Care Opinion Study Feedback Annual Report 2018-2019 Religions and Cultures document</p>		<b>AA/LB</b>
<b>10.</b>	<b>Items for noting</b> 10.1 Public Involvement – activities and evaluation 10.2 Social media reports		
<b>11.</b>	<p><b>Any other Competent Business</b> Graeme Smith updated the Committee with regards to the vacant Director of Corporate Communications post.</p> <p>The interviews were due to be held in June but following several candidate withdrawals it was decided to review the job description for the post.</p> <p>It was agreed that the Directorate should focus on public and staff communications, public engagement, marketing and also focus on developing the reputation of NHS Grampian and promoting the successful service delivery that has been achieved given the need to recruit and retain staff.</p> <p>A new job description has been agreed and will be advertised shortly.</p>		
<b>12.</b>	<b>The next meeting of the Committee is on Wednesday 11 December at 10.00am in the Conference Room, Summerfield House.</b>		